

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6180	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name DENNIS RIVERA P.O. Box, Bldg., Room No., if any Street 310 W. 43rd STREET City NEW YORK State New York ZIP Code + 4 10036	4. Name, file number, and address of labor organization. Name NEW YORK'S HEALTH & HUMAN SERVICE UNION 1199SEIU Labor Organization File Number 031-847 P.O. Box, Building and Room Number, if any Street 310 W. 43rd STREET City NEW YORK State New York ZIP Code + 4 10036-6407
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

212-261-2222

Telephone Number

Name of Person Filing DENNIS RIVERA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name 1199 NATIONAL BENEFIT FUND* Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 330 W. 42nd STREET City NEW YORK State New York ZIP Code + 4 10036	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. PROVIDING VARIOUS HEALTH AND WELFARE BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS. *THE 1199 NATIONAL BENEFIT FUND IS THE PAYING AGENT FOR TRUSTEE CONFERENCES AND MEETINGS FOR SEVERAL FUNDS. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. AS A TRUSTEE OF THE 1199 NATIONAL BENEFIT FUND, I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED LODGING AND MEALS. I ALSO ATTENDED A BUSINESS LUNCH AND RECEIVED A HOLIDAY GIFT THAT I HAVE INCLUDED IN THE ESTIMATED AMOUNT BELOW. 12.b. Amount. \$992
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name TONIO BURGOS & ASSOCIATES Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 1504 Street 115 BROADWAY City NEW YORK State New York ZIP Code + 4	14.a. Nature of payment. BUSINESS MEALS AND HOLIDAY GIFT THAT I HAVE ESTIMATED AT THE DOLLAR AMOUNT BELOW. 14.b. Amount of payment. \$200
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HOSPITAL LEAGUE/1199 TRAINING&UPGRADING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 330 W. 42ND STREET

City NEW YORK

State New York

ZIP Code + 4 10036

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDING VARIOUS JOB TRAINING AND UPGRADING BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A TRUSTEE FOR THE HOSPITAL LEAGUE/1199 TRAINING & UPGRADING FUND, THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING AND PLACEMENT FUND AND THE 1199 JOB SECURITY FUND, I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED EXPENSES FOR LODGING & MEALS

12.b. Amount.

\$467

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LEVY RATNER, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 80 8TH AVE., 8TH FLOOR

City NEW YORK

State New York

ZIP Code + 4 10011

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES LEGAL COUNSEL FOR THE UNION

11.b. Approximate dollar value of such dealing.

\$2,432,560

12.a. Nature of interest held or income received.

BUSINESS MEALS, HOLIDAY GIFT AND IN-KIND LEGAL SERVICES WHICH I HAVE ESTIMATED AT THE DOLLAR AMOUNT BELOW.

12.b. Amount.

\$1,590

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DORAL ARROWWOOD HOTELS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ANDERSON HILL ROAD

City RYE BROOK

State New York

ZIP Code + 4 10573

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 1199 NATIONAL BENEFIT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 330 W. 42ND STREET

City NEW YORK

State New York

ZIP Code + 4 10036

11.a. Nature of such dealing.

HOTEL VENDOR

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A TRUSTEE OF VARIOUS 1199-RELATED BENEFIT FUNDS, I ATTENDED A TRUSTEES CONFERENCE AT THE DORAL ARROWWOOD AND RECEIVED A COMPLIMENTARY ROOM UPGRADE AND A FRUIT BASKET, WHICH I HAVE ESTIMATED AT THE DOLLAR AMOUNT BELOW.

12.b. Amount.

\$300

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MEYER SUOZZI ENGLISH & KLEIN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1505 KELLUM PLACE

City MINEOLA

State New York

ZIP Code + 4 11501

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES LEGAL SERVICES FOR UNION

11.b. Approximate dollar value of such dealing.

\$609,020

12.a. Nature of interest held or income received.

BUSINESS MEAL AND HOLIDAY GIFT THAT I HAVE
ESTIMATED IN THE DOLLAR AMOUNT BELOW

12.b. Amount.

\$250

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LRCS INC

Trade Name, if any: LABOR RESEARCH ASSOCIATION

P.O. Box, Bldg., Room No., if any 13TH FLOOR

Street 330 W. 42nd STREET

City NEW YORK

State New York ZIP Code + 4 10036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

VENDOR PROVIDING RESEARCH AND PUBLIC RELATIONS SERVICES FOR UNION

11.b. Approximate dollar value of such dealing.

\$169,500

12.a. Nature of interest held or income received.

HOLIDAY GIFT THAT I HAVE ESTIMATED IN THE DOLLAR AMOUNT BELOW

12.b. Amount.

\$365

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name KNICKERBOCKER SKD PRODUCTIONS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 610

Street 594 BROADWAY

City NEW YORK

State New York ZIP Code + 4 10012

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES MEDIA CONSULTATION AND MEDIA PRODUCTION SERVICES FOR UNION

11.b. Approximate dollar value of such dealing.

\$1,132,300

12.a. Nature of interest held or income received.

BUSINESS MEALS ESTIMATED IN THE AMOUNT BELOW

12.b. Amount.

\$200

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name HOWARDBERLINER/NEWSCHOOL FOR SOCIALRESEARCH

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 9TH FLOOR

Street 66 5TH AVENUE

City NEW YORK

State New York

ZIP Code + 4 10011

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

CONSULTANT AND RESEARCH SERVICES FOR UNION

11.b. Approximate dollar value of such dealing.

\$20,750

12.a. Nature of interest held or income received.

HOLIDAY GIFT FROM PROFESSOR HOWARD BERLINER AT NEW SCHOOL FOR SOCIAL RESEARCH THAT I HAVE ESTIMATED IN THE DOLLAR AMOUNT BELOW

12.b. Amount.

\$50

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CUSHMAN WAKEFIELD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 51 W. 52ND STREET

City NEW YORK

State New York

ZIP Code + 4 10019

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE REAL ESTATE MANAGEMENT

11.b. Approximate dollar value of such dealing.

\$42,200

12.a. Nature of interest held or income received.

HOLIDAY GIFT THAT I HAVE ESTIMATED IN THE DOLLAR AMOUNT BELOW

12.b. Amount.

\$100

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BENCOM

Trade Name, if any:

P.O. Box, Bldg., Room No., if any ROOM 903

Street 928 BROADWAY

City NEW YORK

State New York ZIP Code + 4 10010

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES MEDIA AND DESIGN WORK FOR THE UNION

11.b. Approximate dollar value of such dealing.

\$762,400

12.a. Nature of interest held or income received.

HOLIDAY GIFT THAT I HAVE ESTIMATED IN THE DOLLAR AMOUNT BELOW

12.b. Amount.

\$100

Name of Person Filing DENNIS RIVERA	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name THE BAUGHMAN COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 2ND FLOOR</p> <p>Street 3106 FILLMORE STREET</p> <p>City SAN FRANCISCO</p> <p>State California ZIP Code + 4 94123</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>MEDIA CONSULTANCY WORK FOR UNION</p>
	<p>11.b. Approximate dollar value of such dealing. \$88,100</p>
	<p>12.a. Nature of interest held or income received.</p> <p>HOLIDAY GIFT IN THE DOLLAR AMOUNT ESTIMATED BELOW</p>
	<p>12.b. Amount. \$75</p>

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name FURNSTAHL & SIMON ARCHITECTS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20TH FLOOR

Street 545 EIGHTH AVENUE

City NEW YORK

State New York ZIP Code + 4 10018

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES ARCHITECTURE SERVICES FOR UNION

11.b. Approximate dollar value of such dealing.

\$72,100

12.a. Nature of interest held or income received.

HOLIDAY GIFT IN THE DOLLAR AMOUNT ESTIMATED BELOW

12.b. Amount.

\$75

Name of Person Filing DENNIS RIVERA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PHILMARK ASSOCIATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 3RD FLOOR

Street 225 VARICK STREET

City NEW YORK

State New York ZIP Code + 4 10014

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES PRINTING SERVICES FOR UNION

11.b. Approximate dollar value of such dealing.

\$1,479,600

12.a. Nature of interest held or income received.

HOLIDAY GIFT IN THE DOLLAR AMOUNT ESTIMATED BELOW

12.b. Amount.

\$75